

Letter to the Editor

Self-medication among medical students: What strategies could help?

Sir,

Al-Hussaini *et al.* have presented the results of a fascinating study into the prevalence of self-medication among undergraduate medical students in Kuwait and their views as to the role of the pharmacist.^[1] Their findings are unequivocal: The prevalence of self-medication is high and awareness of the role of the pharmacist is low. Both of these findings are cause for concern. Self-medication can result in harm to the student; the long-term outcome may be a qualified healthcare professional who then self-medicates with more dangerous drugs; or one who prescribes for family members; or one who ignores or encourages irresponsible use of medications among patients. The obvious importance invites the interested reader to consider what if anything can be done to improve the situation.

A number of educational strategies might be helpful. The ultimate outcome of any educational intervention in this field should surely be behavior change and so low cost easily accessible intervention is likely to be a good choice.^[2] Online simulation-based learning packages may be one such choice. In the simulation, the learning environment mimics the clinical environment and hence, learning about best practice in medication use should be more likely to result in learners putting that best practice into action. While face to face simulation can be expensive, online learning may actually save costs:

Provided the correct package is chosen.^[3] Regardless of the modality that is chosen, in the final analysis that modality should be subjected to rigorous evaluation. Here again, the purpose of the evaluation should be to look for behavioral change in terms of reduced self-medicating activities. If this can be achieved, then the outcomes will be better for students, the doctors who they become, and the patients who they treat.

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Website: www.jrpp.net

DOI: 10.4103/2279-042X.141119